

MAY 15 1940

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1119 1/2 Frey Av. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lula Allmeroth 456

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Henry Allmeroth 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 2, 1873
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 21 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home 7

11. Industry or business

12. Name Louis Bishop 7

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Leonard

15. Birthplace Paris France
(City, town, or county) (State or foreign country)

16. (a) Informant Selma McConnell

(b) Address 1119 1/2 Frey Av.

17. (a) Burial (b) Date thereof 4-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Wm. J. Bishop

(b) Address 2929 S. Jefferson Av.

19. (a) APR 25 1940 (b) J. E. Bishop
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 23
(If outside city or town limit, write "RURAL")
(d) Street No. 1119 1/2 Frey Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2/22/40
_____, 19____, to 4/23/40, 19____;
that I last saw her alive on 4/23/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial infarction
acute heart failure
Chronic

Due to Chronic

Due to Coronary vascular disease

Deceased

Other conditions _____

(Excludes pregnancy within 3 months of death)

caused by chr. Bronchitis PHYSICIAN

Major findings: of non-tubercular

Of operations _____

Of autopsy none 930

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature James J. Bishop (M. D. or other) _____

Address 2929 S. Jefferson Av. Date signed 4/24/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Edgar F. Witt, Registered Apprentice No. _____
working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.